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The Protective Treatment Against Typhoid Fever.	Stephen Paget, F.R.C.S.	7
Some of the New Brunswick Hospitals.		10
Trafalgar Day		13
Gleanings		14
The Woman's National Anthem		25
Editorial		28
The Graduate Nurses' Association of Ontario		31
The Victorian Order of Nurses		32
The Canadian Nurses' Association, Montreal		35
Hospitals and Nurses		36
The Nurses' Library		45
Official Department		50
Publishers' Department		56

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THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. XII. TORONTO, JANUARY, 1916. No. 1

THE PROTECTIVE TREATMENT AGAINST TYPHOID FEVER

By Stephen Paget, F.R.C.S., Hon. Sec. Research Defence Society.

The history of modern protective treatments against infective diseases begins with Pasteur's work on fowl-cholera and anthrax. Jenner's discovery of vaccination against smallpox was made in the days before we knew about germs. Let us reckon not from him, but from Pasteur's work on the protection of sheep and cattle against anthrax. Take that famous experiment, which proved the efficacy of his method, at Pouilly-le-Fort, near Melun, in May, 1881. The story has been told a thousand times, and will always bear telling. He took a flock of fifty sheep: he divided them into two flocks of twenty-five each. He left the one flock to Nature; he protected the other with his protective "vaccine" against anthrax. Then he gave to all the fifty sheep a fatal dose of the germs of the disease. Forty-eight hours later, of the twenty-five sheep which had been left to Nature, twenty-two were dead of anthrax, two were dying, one was sickening. Of the twenty-five sheep which had been protected, not one suffered any harm. From that day to this, the Pasteur Institue has been sending out every year millions of doses of this vaccine. The demand for it is very great: the practical men, the agriculturists, know well that it does protect their sheep and cattle.

On this sure work, done and finished thirty-four years ago, other men founded and built the whole fabric of modern protective treatment. Let us take a good look at it. Of course, it is not perfect; no discoveries in the medical sciences are perfect; men are always trying to find something better. Still, it is worth looking at. Observe, first, that there is no hard-and-fast line between protective medicine and curative medicine. If one of a large family of small children gets diphtheria, you can cure him with diphtheria-antitoxin, and you can protect the others with diphtheria-antitoxin. But we are concerned here not with cure, but with prevention, which is better than cure.

Observe, next, that there are two of these new methods: there is a serum treatment, and there is vaccine treatment. Diphtheria-antitoxin, and tetanus-antitoxin, and the antitoxin given to cases of epi-

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demic meningitis, are examples of serum treatment. The serum of the blood of a horse immunised against one of these diseases is used to cure a person suffering from that disease, or to protect him against that disease. Vaccine treatment is the direct use of the germs of a disease, to cure or prevent that disease.

The protective treatments against cholera, plague, and typhoid are examples of vaccine treatment. The public often confuses sera and vaccines; even doctors, writing or speaking offhand, sometimes say serum when they mean vaccine. Now let us consider the character and the value of the protective vaccine against typhoid fever which is in use in our army.

It comes to us from Nature herself. It is a leaf out of her book; a method learned by watching her at work; a copy of her way of dealing with us when we are ill. What happens inside us when we get typhoid fever? The germs of the fever are brewing their own particular product in our blood, their toxin, as fast as they can; and our blood, fighting and resisting this toxin, is brewing its own particular remedy, its own protection, its antitoxin, as fast as it can. And, long after we have recovered, this antitoxin remains in our blood, protecting us against a second attack of typhoid fever. We may come across the germs of the fever; they may find their way into us; but they will not flare-up in our blood, because our blood is proof against them. Any man may get typhoid once; indeed, it loves to attack vigorous, healthy men in the prime of life. But the chances are 150 to 1 that he will not get it twice. That is Nature's way of dealing with us.

Now, if a measured dose of dead germs of typhoid be given to the blood, the same thing happens. The blood—forgive the use of slang—doesn't know that the germs are dead: it thinks it has got typhoid fever. Of course, it hasn't; the germs are dead, not living; still, it thinks it has. So it sets to work at once, fighting the toxin which is in the dead germs; it brews its antitoxin, its protection; and, for a couple of years or more, it remains proof against the living germs of the disease, if it should come across them. The dead germs, killed by heat or by some antiseptic, but retaining their toxin, have tricked the blood into protecting itself against the danger of living germs. What method of protective treatment could be more reasonable, more in accordance with Nature?

It has two drawbacks. One is that the protection, after a couple of years or so, wears off. Well, Heaven be praised, the war will come to an end sooner than that. Another drawback is, that the treatment is not unlikely to make a man feel rather ill for a couple of days; rather feverish and good-for-nothing. He must take care of himself. He must report himself, and get leave to take things easy; he must not expose himself to the risk of pneumonia; and he must go without

beer and spirits. If a man, for a couple of days, will keep quiet, and avoid a chill, and avoid alcohol, he may be confident that he will have very little trouble from the treatment. Among 20,000 of the Canadian forces, and 27,000 of the Australian forces, there was not one case of serious trouble from it. But a few persons seem especially susceptible; therefore a man must take commonsense care of himself.

Now for the results of this treatment. All medical discoveries come to be judged, sooner or later, at the judgment seat of Nature. She, and she alone, decides the worth of them. It is not the doctors who decide; it is Nature who decides. Well, she has decided. Alike in Texas and California, and in our army in India, and in the Avignon barracks, and along the vast line of the Canadian Pacific Railway, and in France and Belgium these last few months, and in many other places, she has decided this matter. See how she does it. Two sets of men are living close together. They have the same food and drink, the same air and soil, the same daily occupation, the same everything. There is no difference between them, none at all; except that the one set has been protected against typhoid, and the other has not. Then comes typhoid. A few weeks ago we heard from Sir Frederick Treves, on the authority of the War Office, that thirty-five men of the Expeditionary Force have died of typhoid. Nature picked these men out because they were not protected. Of these thirty-five men dead in France or Belgium, thirty-four had not been protected within the past two years, and one was partly protected; he had received his first dose, but the fever had got hold of him before he had received his second dose. Which of us can doubt for one moment that Nature picked out the men who were not protected? She plays with the lives of our men like a cat with a mouse; there is no getting away from her. She has decided; and she will go on deciding, till our men come back, what is left of them, after the war. She lets off the protected men lightly; she punishes the non-protected heavily.

Finally, consider the conditions of life "at the Front." Typhoid is easily spread, out there, by the mild, unsuspected case, or by the typhoid carrier, the man who has had typhoid and got well of it, but still carries the germs inside him and passes them with what comes from him. The proprieties of home life are impossible to men in the filthy trenches, in the fields and ditches. The surface soil is infected; and it gets on the clothes and hands of other men, and infects them. Typhoid is conveyed as it were from hand to hand; and when the hot weather comes, and the flies swarm all over the place, they also may convey typhoid from the latrines, ditches and trenches to the men's food. For all that can be done by sanitary work, the fact remains that a front 200 miles long cannot be kept clean; nor is Belgium, now desolate and wretched, *crucifixa etiam pro nobis*, a healthy neighborhood.

27179

Surely, as the days drag on, there will be not less typhoid, but more. As a matter of mere self-interest, let alone duty to others, every man and every woman going to the Front, or likely to be exposed to any such risk of typhoid, ought to have this protective treatment. For it is in accordance with the ways of Nature: and its efficacy has been proved by Nature over and over again.

A four-page leaflet on this subject has been published by the Research Defence Society. It has been approved by the War Office, and more than 300,000 copies have already been sent out. It can be had either in English or in French. I will gladly send copies to anybody who will send me a postcard. Address, 21, Ladbrokesquare, London, W. I shall also be happy to answer any questions on this very important subject to the best of my power.—*British Weekly.*

SOME OF THE NEW BRUNSWICK HOSPITALS

The Salvation Army "Evangeline Maternity Hospital," in St. John, was founded, or, to be exact, the work was founded, in 1885, for the redemption of wayward girls and erring women, and since that date many hundreds of such have received care, a large percentage of whom have returned to the paths of virtue.

The Roman Catholics care for their own delinquent women and girls, while the Salvation Army has the privilege of doing that work for all other religious bodies of New Brunswick. But, notwithstanding the splendid work being done by the Evangeline Maternity Hospital, the institution receives no municipal grant, and only two hundred and fifty dollars from the Provincial Government. Do our voters not realize the importance and magnitude of the work done? For its further support the hospital is dependent upon grants from Toronto headquarters, fees from patients, and private voluntary subscriptions.

The hospital has accommodation for thirty-five adults and twenty-five children. One section, containing ten beds, is devoted to private cases, and is really a boon to St. John, as there is no other maternity hospital in the city.

The nursing staff is composed of a matron, three graduate nurses and four pupils. A training school in connection with the hospital gives a two years' course in maternity nursing and the care of children, and also works in connection with the St. John General Public Hospital, having always one pupil from that institution in residence, taking a six weeks' course in maternity nursing.

The St. John West End C.P.R. Emergency Hospital—almost minutely explained by its name—contains two beds, and was opened on November 20, 1906 with a matron in residence. Its establishment became necessary on account of the General Public Hospital being across the harbor from the C.P.R. docks, and it is only open during the winter port season. All cases, except very slight accidents, are transferred to the General Public Hospital, after receiving first aid. As high as fifty-five cases have been admitted during one season.

The St. John Isolation Hospital, for smallpox only, with matron and caretaker in residence, is situated at Howe's Lake, about two miles from the city, and has accommodation for thirty patients. For nurses it is dependent upon volunteers.

The St. John Tuberculosis Hospital, for the care of advanced pulmonary cases, was opened in December, 1915, with accommodation for fifty-four patients. The nursing staff is composed of matron, three graduate nurses and two untrained nurses. A doctor is also in residence.

The Quarantine Hospital for port of St. John is on Partridge Island, at the entrance to the harbor. It has accommodation for fifty-two patients and is an up-to-date, well-equipped institution, with several buildings—laboratory, disinfector and offices of the Port physician, detention buildings, and gas house.

The detention buildings, which will easily house fifteen hundred, have, since the war, been taken over by the Militia Department.

The hospital staff is composed of the Port physician, the bacteriologist, the matron in residence and a nurse on call.

The Chipman Memorial Hospital of St. Stephen, N.B., was founded in 1902, and incorporated the same year. It was then a small cottage hospital of twenty beds. It has since been gradually enlarged until now it is a modern hospital with a sixty-bed capacity.

All kinds of cases are admitted, with the exception of contagious diseases,—so far the hospital has been unable to have an isolation ward.

The training school in connection with the hospital consists of a superintendent, an assistant superintendent and a class of twenty-four pupil nurses and gives a three years' course.

The "Moncton Hospital," in the town of Moncton, N.B., is a modern, up-to-date hospital, with a fifty-bed capacity. It maintains a training school of eighteen pupil nurses, and gives a three years' course in general nursing, including surgical, medical and obstetrical work.

The St. John Infirmary is an up-to-the-minute hospital of forty

beds for surgical and medical cases—no contagious nor maternity ward. It was built by the Sisters of Charity, and was opened on November 4, 1914.

The ventilation system reaches every room, and everything is arranged with a view to perfect sanitation. Each floor has a well-equipped diet kitchen, as also a closet in which blankets may be warmed. Each medicine closet contains a faucet for drinking water.

The plumbing being the most up-to-date obtainable is perhaps—next to the operating theatre—the most attractive feature from a nurse's viewpoint. The building has twelve bathrooms.

The training school consists of superintendent, three additional graduate nurses and nine pupils, and gives a three years' course.

The St. John Home for Incurables was founded in 1899. The establishment of this institution was due to the generosity of the late William Turnbull, who bequeathed the sum of one hundred thousand dollars for its maintenance. Since that time others have contributed to its upkeep, so that now the institution is self-supporting. It contains thirty-two beds and employs a staff of seven nurses and matron.

The object of the Home is to afford maintenance nursing and medical and surgical aid to all persons suffering from an incurable disease. No person is disqualified as a beneficiary on account of race, age, sex, creed or color, and while the Home is open to all who are destitute, those are not excluded who may be able to pay towards their maintenance.

The affairs of the Home are under the management of a Board of Directors, consisting of twenty-five members.

The St. John General Public Hospital was founded for the sick poor through the untiring efforts of the late Wm. Bayard, Esq., M.D., D.din., and was opened for the reception of patients, with accommodation for seventy, in 1865.

The nursing staff consisted of one female day nurse, one female night nurse and a male orderly—all untrained.

The Training School for Nurses was established in February, 1888. Miss Purdy, a graduate of Boston City Hospital, was appointed superintendent, with a class of five pupil nurses. The formal opening of the School was held in November of the same year. In 1889 six more pupils were added. The School gradually increased to its present number of forty pupils and a graduate staff of seven. One hundred and fifty nurses have been graduated since its establishment.

The Nurses' Home, attached to the hospital, was built by Lady Tilly (wife of the then Lieutenant-Governor of N.B.), and besides

housing the staff nurses gave accommodation for six district nurses, who were to be paid by the churches of St. John, to care for the sick poor in their own homes. The Victorian Order of Nurses is now responsible for the nursing of the poor.

The Nurses' Home has twice been enlarged.

In 1893 the Marine Hospital was closed, and sick sailors admitted to the St. John General Public Hospital, the Dominion Government paying a certain amount per day per patient. About 1889 the hospital accommodation was found to be insufficient for the demand made upon it and the western wing was added, thereby increasing the accommodation to one hundred and ten beds.

In 1901 "The Frances E. Murray Ward"—women's semi-private—was given by the Women's Council.

In 1904 the "Children's Ward" was a memorial to "Mary Allan Almon," from her husband.

In 1908 an up-to-date operating wing, known as the "Owen Jones Ward," was built as a memorial to the late Mr. Owen Jones, who had given the sum of ten thousand dollars for the hospital to the late Dr. Wm. Bayard.

We now have a hospital of one hundred and fifty beds, and with all modern equipment.

The Jordan Memorial Sanitarium, for the treatment of incipient pulmonary tuberculosis, is situated at River Glade, about seventy miles from St. John, where the climatic conditions are ideal for the treatment of this disease.

The Sanitarium was founded by Mrs. James C. Jordan about two years ago, in memory of her husband.

The buildings consist of a large house, three pavilions and a large stable. The main house, used as the administration building, contains the quarters of the superintendent and nurses, kitchen, dining room, and recreation room for patients.

The grounds comprise some ten hundred acres, most of which is woodland.

At present the Sanitarium has a thirty-bed capacity, but this is shortly to be increased as new pavilions are in course of construction. No provision has yet been made for free cases.

There is no training school, the work being done by graduate nurses.

TRAFALGAR DAY

Not since Christmas has there been such an exciting day at the General Hospital, St. John's, Newfoundland, as on Trafalgar Day. The Women's Patriotic Association, that has been doing good work

since the beginning of the war, organized a Tag Day to get funds in answer to Lord Lansdowne's appeal for further help for the sick and wounded. A novel procession wound its way through the principal streets of the city. It consisted of a number of little boys and girls under ten, dressed respectively as sailors and Red Cross nurses, preceded by some trumpeters from the regiment. The two little daughters of the Governor and Lady Davidson sat on the front seat of a miniature Red Cross ambulance, drawn by a Newfoundland dog who seemed to thoroughly enter into the spirit of the proceedings. After that came a model of Nelson's ship, on a small cart, drawn by two little sailor boys, members of St. John's Ambulance Brigade, with Nelson's famous words on their red scarfs, and wearing admiral hats, and police and naval men brought up the rear. At every cross roads the members of the Ambulance Brigade solicited donations from all who had no tag to show they had already contributed.

The hospital, not being on the line of procession, the Red Cross ambulance and its little drivers, with the sailor boys and their ship, paid it a special visit in the afternoon and, much to the delight of the patients, the big dog pulled the ambulance through the wards and each patient had an opportunity of contributing his mite to the fund, a gift from the sick to the sick. The little girls dressed as nurses, with caps and aprons, greatly amused them.

GLEANINGS

"The hall mark of civilization has been questioned. A violent attack has been delivered by two doctors and two professors on our great national idol—the tooth brush. Truly, the whole world is in the melting pot. Instead of being the symbol of cleanliness, it is now denounced as a "filthy, germ-ridden" menace. For years untold we have cleansed our teeth with less intelligence than an under maid hearthstoning the front steps. Tooth brush drill in our elementary schools has been an assault on the first principles of hygiene. And the brush itself has come under the category of an undesirable alien. The Japanese prescribe a method more in accordance with the ideals of modern dentistry. They use "the clean forefinger"—Nature's own instrument—"to massage and clean the gums and teeth," and supplement its use by sien-floss. But it will require all our national courage to abandon the greatest of our household gods, and to allow it to be handed down to the ages merely as the name of a twentieth century military moustache."—*Una.*

Dr. T. S. Southworth, of New York, writing in the *New York State Journal of Medicine*, tells of his success combating marasmus in Institution Infants by the use of Malt Soup. The procedure was to

employ for each infant, in making up its daily supply of food, the number of ounces of milk or top milk which it would properly receive in an ordinary suitable formula. To this, with the requisite amount of water, was added the malt soup extract and wheat flour, usually in the proportion of one level teaspoonful of each for approximately each ten ounces of the total food. The mixture was brought slowly to a boil to gelatinize the starch, and was then strained, cooled, and bottled.

"Used in this way, a malt-soup mixture is not a stereotyped and inflexible infant food, but only another helpful method of modifying milk for the infant's needs. In private practice, it is often well to cook the malt-soup mixture for thirty minutes, but this is somewhat too cumbersome for routine institution work, owing to the multiplicity of different mixtures."

Excerpts from an able paper on "Available Fields for Research and Prevention in Mental Deficiency," by Dr. Max. D. Schlapp, of New York, in the *New York State Journal of Medicine.*

"The gravity of the problem of mental deficiency has always been recognized; but only lately has there been any well grounded hope that it might ever be partially, if not entirely, eliminated from society. To-day, at least, many people are awake to the realization of the public responsibility for the public provision for, and public prevention of, feeble-mindedness. But nowhere has there yet been a strong, vigorous enough campaign to ensure the assumption of this public responsibility."

"Patients receiving institutional care are, everywhere, but a small portion of those who stand in urgent need of it for the sake of their own happiness and the safety of the community. And even those who have been committed are there because of some serious crisis that has already occurred in their own lives, or because of the dire poverty of their guardians. There is no scientific method of selection used, and the motive for segregation seems rather to be the ridding the community of an individual than the sympathetic elimination of the nuisance itself."

"One reason why this matter has never been taken up on a comprehensive scale by our legislatures, is because it has never been conceived in an adequate fashion by our scientists and social experts. This lack of adequate conception is due to the failure to regard the whole question of mental defect as a great field for experiment and as a great laboratory in which may be analyzed the causes of social inferiority. We must give imagination full rein; and give the broadest scope to the dogged, persistent spirit of scientific research. Our ultimate goal must be the adequate and sympathetic provision for the care of all the feeble-minded, and the discovery of, and protection against all the

etiological factors causing feeble-mindedness. Only by working on in the faith that that goal will yet be achieved, can we really come before the public and ask their support in our effort to conserve the mental virility and moral integrity of the race."

"At present the first net spread for the detection of the feeble-minded child is the public school. Here—at least in our large cities—the suspiciously dull child is supposed to be given a thorough mental examination, and if found defective, is placed in a special ungraded class. Here an attempt is made, though very largely limited by poor financial support and vocational facilities, to give him that manual skill and technical training that will fit him for a community life. As a matter of fact the majority of these special class pupils leave school as soon as the law permits, totally unprepared to become peaceful and useful citizens. They swell the number of the criminals and ne'er-do-wells; the inebriates and paupers. Only too often they live on—a financial burden and a social menace to the community which tried to educate them. There can be little doubt that the training now given in the special classes is superior to that that could be given the feeble-minded in the ordinary grades, but, on the other hand, no one can affirm that it in any way measures up to the responsibilities it has undertaken. As in the institutions, the children that are given the mental examination are selected mainly because they have proved troublesome to the teacher, or an immoral influence over the other pupils. There is no adequate machinery for diagnosing the mental status of all children who show defective tendencies, or for the correct classification and resultant care of those found actually to be defective. Thus we know that in New York City there are ungraded classes with pupils ranging from hopeless idiocy to the state of slight mental retardation. In one room the commission found a child but one year below the Binet scale normal, and another who fell ten years behind that standard. Yet there is no method—in practice, at least—of giving these children the special and individual attention for which their special condition calls. So tremendous is this problem in the educational system of our large cities, that the mental problem in the educational system of our large cities, that the mental examination can be little other than the application of a few over-codified tests, without any comprehensive prognosis for medical treatment or social supervision. It perhaps succeeds in the rating of the retardation of these subnormal pupils, but it does not in the least reveal or even indicate the cause for that retardation. Nor can it accurately differentiate the child whose retardation simulates mental deficiency from the actually feeble-minded.

"And still, this special ungraded class system does protect many defective children five hours a day, five days a week, forty weeks a

year, and eleven years of their lives. This, although very expensive, is doubtless a true economy to the State in the long run. But it is only a small part of the necessary training of the subnormal. For during the stressful periods of adolescence and early manhood, these defective children are left almost entirely to their own resources and to the supervision only of their well intentioned and ignorant parents and associates. The result of this neglect can be seen everywhere in our courts, prisons and charitable institutions.

"Of course, the low grade types of defectives are easily recognized, and some are segregated in custodial asylums. Here an effort is made to give an industrial training that will make the inmates useful and contented citizens of these limited communities. Most of our institutions are beautifully situated in the country, and with the development of the farm colony plan, much is being done to make the patients self-supporting and industrious. Yet in all our States, these colonies reach but a handful; the rest roam at large, continually getting into trouble. Our almshouses are forced to give temporary shelter to the feeble-minded pregnant woman who is naturally unmoral. Our reformatories are filled with many who can in no way be held responsible for the derelictions that brought them there, nor be in the least benefited by the treatment there received. Our prisons are crowded with repeated offenders against the law who have not the mental stamina to resist the temptations that everywhere beset them.

"Many of our institutions and courts are commencing to give mental examinations to these prisoners. But even the most careful diagnosis is of little use since we have not provided any place for the permanent segregation for the defective delinquents. Meanwhile the tragic farce of trial, imprisonment, and discharge goes on without abatement, and the net result can only be the further degeneration of those who are mentally helpless before the degeneracy to which a neglectful community has left them."

"For even in the institutions at present existent, there is no serious study possible of individual cases or of fundamental causes. In only one asylum in New York State is there even a pretence of any research work, and here the effort is largely negatived by the lack of adequate financial support for a competent staff or a complete laboratory equipment. Surely public institutions specially designed for the care of the mentally defective form the most available field for study into the etiology of mental deficiency. They should be attractive for the highest type of medical, psychological, and social research student. All modern experimental appliances should be available, and no expense should be considered too great in the achievement of success."

"The available fields of research and prevention of mental de-

ficiency are, then, all social agencies within the community that are dealing in any way with the mental defectives. To carry out effectively a State-wide campaign for State control, we must develop a centralized system of diagnostic clinics where the mental status of all suspected cases of mental defect can be scientifically determined and registered. We must further provide enough well-equipped schools and asylums for the treatment and training recommended as a result of that diagnosis. And lastly, we must establish completely equipped laboratories at these institutions where the pathological findings can be correlated with the clinical symptoms. With clinics, schools, institutions, laboratories, fully equipped and co-ordinated under centralized State control, we will at last be enabled to begin the work of prevention and research.

"The problem itself is of the most serious facing the country today. Every State in the Union is realizing the gravity of the peril, and is awakening to the need for action. A sound program of provision and prophylaxis must be adopted by the various groups of authorities throughout the nations, and a national campaign must be at once undertaken that will rise far above any question of personal ambition or contentious rivalry."

"The successful control of Amentia is most imperative. Only by attempting our task in the broadest and sincerest of spirits can we hope for success."

The New York City Health Department has conceived a scheme by which a number of civil agencies are to be enlisted in local health work. Some months ago a district in the densely populated part of the city was set apart as District No. 1, in which experimental work was to be done, the intention being to take up other districts as the work became standardized.

This district is now to take up local health problems under the following schedule:

In order to fully develop in the younger generation a sense of responsibility for local health conditions, a "Boys' Health League" has been formed upon a military basis, with a captain and three lieutenants in charge of a square block, these, in turn, placing one boy in charge of a house, the whole district thus being effectively covered. This league has its own elected officers, and is supervised by one of the school teachers, who is the executive director, and by the medical school inspector, who acts as the medical director. This organization is being used to take a periodical census of the district, to distribute the monthly bulletin and other literature and will co-operate in every way with all city departments that can be utilized for the improvement of local health conditions, each department, in turn, delivering to the league short talks on the subject of co-operation with their respective

departments. These boys all belong to the 7th and 8th grades of Public School No. 62, so that the benefits of graduating yearly a class of "Health League" boys is very manifest. The formation of an alumni of "Boys' Health League" is the next logical step.

A new method of dealing with those who handle and sell food has been introduced. Conferences with various groups of storekeepers are being held for the purpose of instructing them in regulations relating to their business. A food inspector gives them a short talk in their own language and answers the questions which they are encouraged to ask. The success of these conferences can best be judged by an attendance of sixty out of a possible seventy-five ice cream and candy storekeepers, and forty-five out of a possible sixty butchers. Hand in hand with this there has been a reduction in the number of violations found and summonses issued.

A plan of police co-operation is being developed, by means of which patrolmen on duty will do actual health department work. A systematic course of instruction by means of short talks to outgoing platoons has been inaugurated, so that the uniformed force will be familiar with any work given them. Assignments to the patrolmen will consist in the enforcement of quarantine, in placarding, seeing to it that funerals in contagious diseases are private, and in co-operating with sanitary and food inspectors regarding violations of the Sanitary Code. When fully developed, this phase of "Police Health Work" will be a very important adjunct of health department administration.

In order still further to promote health education of the people of the district, lectures are arranged for public schools and recreation centres, articles are prepared for the local school periodicals, as well as for the Jewish newspapers circulating in the district; a bulletin board, maintained in front of headquarters, carries announcements and health epigrams; a health exhibit is shown on the walls of the rooms at the health centre's headquarters; health leaflets of various kinds are distributed, and altogether all effective methods of health education are utilized. A local monthly periodical, called the "East Side Chronicle," is being published for this district. It contains timely health articles and local news. A copy of this paper is distributed free of charge to every family in the district.

An advisory league of physicians, social workers, etc., has been formed and periodical meetings are held for the purpose of discussing plans for the improvement of health conditions of the district. One of the prominent social workers has voluntarily undertaken the handling of all of the relief work occurring in the health department work of this district.—*The Modern Hospital.*

There is a well-managed out-patient department of a hospital in a New England city of 150,000 population. All applicants for treatment

are interviewed by the social service department, which thus acts as the admitting agent for the out-patient department. Last year, according to the annual report recently issued, here were 2,987 applicants for treatment. We do not find in this report a discussion of "dispensary abuse"; but we do discover that 251 of the applicants were referred to the offices of private doctors. This is 8½ per cent. The reason for this reference was that it was felt that these patients could afford to pay a private doctor for the treatment which they needed.

This is a constructive method of handling the situation which many communities face. It also has the advantage of contributing annually to our knowledge about the kind of people who apply for dispensary treatment and what needs to be done for or with them.—*The Modern Hospital.*

The Modern Hospital, commenting on the San Francisco nurses' meetings, has this to say concerning the "Eight-Hour Law for Pupil Nurses":

"It would be impossible even to enumerate the subjects covered, but perhaps that which called for the greatest enthusiasm was "The Eight-Hour Law for Pupil Nurses in California." Mrs. H. W. Pahl, superintendent of Angelus Hospital, Los Angeles, gave an able paper and opened the discussion, taking the ground that while the observation of the law crippled the hospital to a certain extent in the beginning, it seemed now to be to the advantage not only of the school, but of the hospital as well. It seemed to be the consensus of opinion that the hospitals missed their opportunity in not granting an eight-hour day to the pupils in training before they were compelled to do so by the law, which is the result of legislation effected by the labor unions. A strange and selfish feature of the law is noted in its failure to shorten the hours of graduate nurses in private practice. Some of the superintendents working under the law agreed that it tended to lawlessness.

"The fact remains that the same results should have been obtained without resort to labor legislation."

Excerpts from the *Bulletin* of the Canadian Red Cross Society are always of interest:

Mailing to Canadians at the Front—

We have received so many communications asking for instructions as to mailing to men at the Front as well as to the wounded and prisoners of war, that we have collected this information and printed it on a slip, which can be obtained free of charge at the C.R.C.S. Office, 77 King Street East, Toronto.

An English nurse states that in nursing a patient for seven and a half years on a water-bed, she finds the best draw-sheet is one made

of flannelette. She states that this material is easier to wash than the common bleached cotton sheet, does not require boiling, and does not feel cold to the patient. Nine yards of material a yard wide makes four sheets, 1½ yards each way. She sews tapes on either side and at the end and ties to the bedstead.—*The Trained Nurse.*

In the course of an address to nurses by Rev. John Lawton, M.A., a prominent leader in The Student's Christian Movement, the speaker reminded his hearers of the dignity of their calling, of the possibilities that lay in the wide field of their work. "In the present crisis," Mr. Lawton said, "women with the very highest ideals are needed to build up a nation's morality, which is so great a part of a nation's stronghold. As hospital nurses, many disjointed lives come under your care. Your first feeling is that of great pity for the woman who has left the high road; of compassion for the man who is maimed and broken by his own hand; then you feel angry, resentful, and you find that if you are not very careful, callousness creeps in. Don't get callous; by the very purity of your touch, the warmth of your love, the strength and buoyancy of your faith, lift these lives. Cultivate a faith so strong that even your silent ministration will place round them an influence which will alter their whole aspect of life."—*Una.*

Notes from "News Letter No. 3" of the National Committee for the Prevention of Blindness:

"While ophthalmia neonatorum (babies' sore eyes) continues to send to the schools for the blind a large percentage of unfortunate children (nearly 100 in the school year 1914-15) a gratifying reduction is shown by comparing the reported percentages for the five years since 1910. Of the new pupils entering in each of the following years the per cent. blind from babies' sore eyes is:

1910-11	23.9 p.c.	1913-14	19.6 p.c.
1911-12	21.2 p.c.	1914-15	15.1 p.c.
1912-13	22.7 p.c.		

More care in making reports and greater accuracy in diagnoses are probably responsible for some of the reduction indicated, but it is believed that the agitation which has been conducted by the various committees, commissions and societies for prevention of blindness is beginning to bear fruit."

"The first annual meeting of the National Committee for the Prevention of Blindness was held in the assembly room of the Russell Sage Foundation Building, corner of East Twenty-second Street and Lexington Avenue, New York, at 4.30 p.m., November 4. Ex-President

William H. Taft was present and spoke, and Dr. G. E. de Schweinitz, of Philadelphia, made an address."

"Little Rock physicians and health authorities strongly endorse the passage of an ordinance by the city council of Kansas City, Missouri, requiring physicians, nurses or midwives assisting in the birth of children in the city to place in the eyes of the baby two or three drops of 1 p.c. solution of nitrate of silver or a 25 p.c. solution of argyrol."

"More than one hundred children from the New York public schools were helped to fight their way back to health and good eyesight in the Trachoma Summer Camp, located in Orange County. Intelligent treatment during the long school vacation had its effect, and the trachoma cases, with the exception of two or three, have almost completely recovered, if not entirely so. There is no more danger that these children will lose their sight either wholly or in part. The whole experiment, costing about $3,000, was financed entirely by contributions secured by a leading newspaper. Nearly $1,000 worth of property, consisting of tents, cots, blankets, cooking utensils, etc., is now in the hands of the managers of the enterprise, to be used next year as the nucleus for a bigger camp. Dr. Baker, in charge of the Child Hygiene Division of the City Health Department, considers this one of the most practical plans for child welfare work yet brought to her attention. Sanitary officers from the National Guard and from the New York Department of Health laid out the camp."

THE MAGIC TRAY

This is the subject of a very interesting article by Rosa Willson, in "The American Journal of Nursing."

"What do you do with the child-patient whose languid appetite cannot be coaxed by even the daintiest dishes? One ingenious nurse, who recently came under my notice, solved the problem quite cleverly. The little convalescent was peevish and irritable, tired of the sick room and indifferent to the tasty lunches. A few days later the hours between meal times were counted impatiently and the food was eaten promptly and happily.

"The change was accomplished through the aid of a Magic Tray. Of course a story came first, all children respond to the story stimulus, a story of the Fairy Good Health who had sent this wonderful tray to the tired little Pale Face, and very eager and interested was the little diner when the tray first made its appearance. The tray itself was simply a variation of the prevalent idea, having a large oval frame with a securely-fastened glass, and removable, cretonne-covered back. Under the glass, face up, were a goodly array of colored plates from

a magazine, showing bears, elephants, circus ponies, clowns, etc. On the tray lay scissors, a paste bottle, and a home-made scrap book with grey leaves. Of course the tray could not be turned over to get the pictures until the bowl of broth was emptied and the crackers, milk and fruit disposed of. During the brief meal the nurse recalled and told many bright and funny circus "stunts" and later she helped the little one cut and paste, watching carefully for signs of weariness.

"Even with a minimum of expense, the variety of charms which one may fit into a Magic Tray are practically endless, but always they must be reserved until the tray is emptied. Sometimes there is a story, half hidden behind a mask; funny cartoons with tissue paper for tracing; simple outline sketches to be colored; cardboard figures to trace around; sewing cards; raffia weaving; beads to string; dissected pictures and all sorts of flat puzzles; patterns of pasteboard furniture; frequently a letter from some little friend or understanding grown-up; once there was a great array of toothpicks with a cup of soaked peas on top of the tray from which one could build amazing stick-and-pea houses and furniture; once a set of jackstraws and again a set of grotesque Old Maid cards for a jolly game with nurse; blank writing paper or cards to be written on and sent to friends; once an invitation from the Soap-Bubble Fairy to attend her party that afternoon; gay cords which nurse helped to weave into crow's feet, cat's cradles, snow fences and wood saws by delightful finger play, using the hands for a loom.

"'She is such a successful nurse,' I hear them say. Is it not because she does personal and original work, giving of herself freely as well as of her time? To such, success comes well deserved."

HOW WOULD YOU NURSE A PATIENT SUFFERING FROM MENTAL SHOCK?

My first duty in nursing a patient who is suffering from mental shock, is to remember that all my treatment and care must be threefold, because such a patient is suffering from injury to body, soul, and spirit. Briefly, a nurse's work in such cases is to try to help the threefold nature of the patient to regain its equilibrium. Putting out of consideration the special treatment the doctor will of course order for each individual case, the nursing care will be something as follows:

(1) Body—The patient is physically ill, and is suffering from what one may term a sudden jarring of the vital machinery. Just as in other machinery, it would be necessary to have complete rest, so that the parts should be put right, so here the body must have rest. In these cases rest must be a relative term; some people cannot endure lying down in a darkened room, when some mental shock has unnerved

them, and yet this is precisely what other patients may need. I should therefore use my judgment, and try to obtain the desired object in the quietest way. If there is no physical wound or actual surgical injury, I should (unless the doctor gave orders to the contrary) allow the patient to move about if movement seemed to give relief, and I should try to soothe minor pains, or headache, carefully, however, avoiding fussing.

All treatment directed to the relief of bodily conditions must be given quietly and gently. I should avoid everything that would enlarge the impression that things have gone wrong. It is such a great thing in nerve cases to create a normal atmosphere. By talking in one's ordinary voice, and doing the obvious everyday duties, many patients can be greatly helped by the nurse, while fussiness defeats its own object.

(2) The mind—This of course is the chief object of one's care, and I should try to suit my actions to my patient's temperament. The mind must rest—how, must depend on many things—the patient—the nurse —etc. If the patient has had a great mental shock of a distressing nature, and can speak of it, do not forbid this. If what one dreads and fears is carried out into the open, one loses one's fear, and so here I should let the painful topic be frankly mentioned (otherwise the patient will certainly brood in secret!), and then I should try to get the conversation into other channels. When such patients cannot cry, and cannot speak of their trouble, and seem simply numbed, it is indeed difficult to give the mind rest, and real sympathy and that psychic instinct that is so invaluable in mental nurses will alone give one the cue. Sometimes the thought of others—friends or relatives affected by the same news or trouble—will help a patient to regain a normal outlook. But in all cases I should try to get my patient's confidence, and make sure that I knew the whole state of the case. I should want my patient to feel I was at hand as a helper in case of need, never in the way, never out of it. I should watch for any mental symptoms, and report to the doctor any personal details, such as appetite, amount of sleep, action of bodily organs, etc. I should encourage any occupation likely to help the brain regain its normal state, giving light diet, and plenty of fresh air, as accessory treatment.

(3) Spirit—This third factor is one which does not receive as much attention from nurses as it deserves. I feel most strongly that mind and spirit are so closely allied (in fact, so much so that many make no distinction, and talk of body and soul only), that we cannot distinguish in our treatment and care for the mind while leaving the spirit uninfluenced.

It is just because many mental nurses forget this that their results sometimes are not what they would wish. They treat the mental symptoms, forgetting that the spirit will be affected too, and if there is no treatment directly given to the spirit, then it will suffer from neglect, and in this connection we must remember that what does not make for good in these cases increases the trouble. Therefore I commend the subject of help for spirit—as well as body and mind—to nurses in charge of patients suffering from mental shock. The nursing can be summed up so: Treat body, soul, spirit, be normal—help, don't fuss.—*The British Journal of Nursing.*

THE WOMAN'S NATIONAL ANTHEM

The following letter has been handed to us:

"While in London recently I came in touch with a little incident which I think will interest you.

"I attended, one day at noon, a recruiting meeting in front of the Mansion House. A great crowd of men and women listened to the recruiting sergeants, all of whom had 'done their bit' at the Front.

"A lady, with a magnificent voice, sang patriotic songs, which perhaps were more effective than the speeches of the recruiting sergeants. At the close of the meeting it was announced that after singing 'The King,' the lady would sing 'The Women's National Anthem.'

"Then in splendid voice she sang:

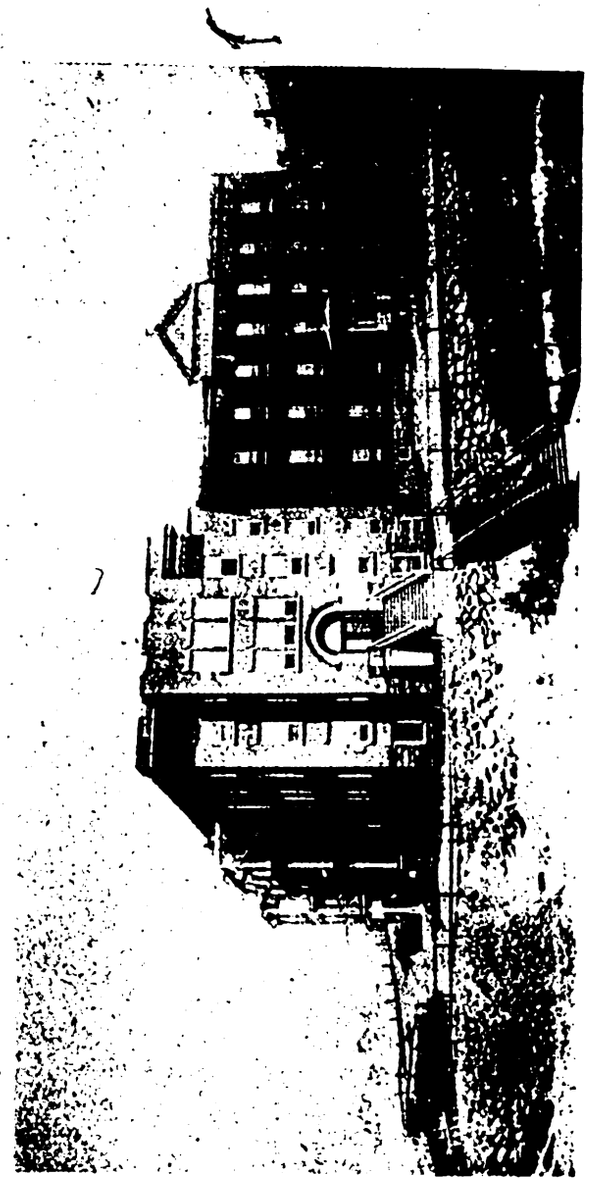
'God save our splendid men,
Send them safe home again,
God save our men.
Keep them victorious,
Patient and chivalrous,
They are so dear to us,
God save our men.'

"As she sang every man stood, uncovered, with bowed head, and there were not many dry eyes.

"I think it would be a good thing if the women of Canada would learn this as 'The British Women's National Anthem,' for surely it is the prayer of every loyal British woman.

"After the meeting I went up to the singer, handed her my card, and asked her for the words she had just sung. When she saw that I was from Montreal she said: 'Oh, I sang in Montreal, and I will be glad to send the words to the women of Canada.'

"She wrote them on the back of the blue envelope which contained my passport."



St. Joseph's Hospital, Sudbury, Ont.

Miss Vivienne Tremaine who has had the honor of nursing His Majesty, King George V, is a graduate of Montreal General Hospital class '07, and matron of No. 1 Canadian Casualty Clearing Hospital.

Editorial

THE NEW YEAR

With this number *The Canadian Nurse* begins its twelfth volume. Ten of these contain twelve numbers, the first two volumes only four each.

As we look back over the years, we realize something of the wonderful vision, optimism and perseverance of the nurse who was largely responsible for the launching of the magazine. She said: It is needed, we can start it, we must start it this year—and it was started. The time, the thought, the energy, the patience, the perseverance, to say nothing of the money expended by the first workers will never be known, and so cannot be thoroughly appreciated. The work has gone on, slowly it may be, not as enthusiastically supported as we could have wished, but still it has gone on. And this year will see the National Association take up the work. This should mean much to *The Canadian Nurse*, to the Canadian nurses, and to the profession. To make it mean the most and best possible should be the aim of every nurse in Canada. Let this be one of your New Year resolutions and then set about its fulfilment by practical, fruitful effort for the magazine. Such effort on the part of every nurse will bring nearer realization the ideals of the founders of the magazine.

THE FRENCH FLAG NURSING CORPS

The appeal for nurses to volunteer for service in this corps has met with a very good response. The work of looking into credentials and getting nurses properly enrolled was taken up vigorously by the War Committee of the Graduate Nurses' Association of Ontario. And it was owing to the wide scope of the work of the committee and its need of wider power to properly overtake this work that it was made a Committee of the Canadian National Association of Trained Nurses.

Applications have been received from almost every Province, so that the work of arranging all the details has not been light.

A cablegram was received from Mrs. Fenwick, Secretary-Treasurer of the London Committee, the latter part of November, requesting that ten nurses be sent in December.

As the salary paid by the French Government is very small and does not include transportation, it was necessary to secure transportation expenses. Accordingly an appeal for funds was published in all the leading papers of Canada, but the response to this was not good

and the work of supplying funds was thrown back on the committee. As the members are all residents of Toronto, it was decided to call a mass meeting of Toronto nurses and seek to secure their assistance in this work. It had been reckoned that each nurse should have $300.00, so that it was necessary to raise $3,000.00 by the first of December, so that passages could be booked for these ten nurses. The nurses thus appealed to did not fail the committee. In the few days left the money was collected, the nurses giving generously of their own and securing contributions from their friends. One lady contributed $3,000.00 to send ten nurses, so that the committee has the funds for the next group, when these are called for.

In order to be ready for the next call, the committee would be glad to receive applications from nurses at once, so that there may be no need of haste at the last moment, and also that the nurses may have some time to brush up their French if they are not familiar with the language.

Applications are to be sent to the Secretary, Miss Weyer, 51 Grosvenor Street, Toronto.

And there is still opportunity for those who wish to contribute to this worthy work. These may also be sent to Miss Weyer.

The nurses who sailed in December are: Miss Bertha Smith, graduate of Toronto Hospital for Incurables and P.G. of Bellevue Allied Hospitals, New York; Miss Miriam Hitchcox, graduate of the City Hospital, Sheffield, England, and P.G. of Birmingham General Hospital; Miss Florence Hopkins, graduate of Guelph General Hospital; Miss Florence Morris, of Vancouver General Hospital; Miss Agnes G. Hanley, of Bellevue Hospital, New York, and late assistant superintendent of nurses of Toronto Western Hospital; Miss Mabel M. Joice, of Toronto Western Hospital; Miss Laura Robinson, of Toronto General Hospital; Miss Helen McMurrick, of Montreal General Hospital; Miss Margaret McIntyre, of Hospital for Sick Children, Toronto; Miss Madeline Jaffray, R.N., of Clifton Springs, New York, and P.G. of Bellevue and Allied Hospitals, New York City.

Miss Jane L. Ramsey, graduate of Montreal General Hospital, sailed on October 24, 1915, the first nurse to go for service under this corps.

THE NATIONAL ASSOCIATION

The Canadian National Association of Trained Nurses is planning for its 1916 annual meeting, the time and place of which we hope to announce in our next issue. This means that all the affiliated associations, in the stress of their own work, must not forget to arrange for the fulfilment of their obligations to the National. The duty owed to the profession as a whole is quite as important as any.

Each Association should make itself thoroughly acquainted with the questions which the National is to bring before its members, so that delegates may speak with authority. This will save valuable time and ensure the greatest possible success for the work of the National, as well as give the affiliated Associations the satisfaction of work accomplished and responsibilities met.

One important question that will come up for discussion and decision will be the taking over of "The Canadian Nurse" by the National Association. This has been under consideration long enough for the Association to have come to a definite decision as to its willingness to shoulder its share of the work, so there should be no further delay in taking this important step.

The Associations are unanimous in thinking this step should be taken, so they will not delay in arranging ways and means of accomplishing their own wishes.

At the last annual meeting every province but one was represented. Let our 1916 meeting see every province represented, so that the nurses of Canada may stand united and thus possess the larger place and the larger vision made possible by the discipline imposed by this world war.

THE CANADIAN NURSE EDITORIAL BOARD

The annual meeting of the Canadian Nurse Editorial Board will be held on January 26, 1916, at the Nurses' Club, 295 Sherbourne Street, Toronto. It is hoped that as many as possible will attend, as business of importance will be before the meeting.

THE HOSPITALS OF NEW BRUNSWICK

The information given under this heading was furnished by the Graduate Nurses' Association of New Brunswick, and gives a good idea of the scope of the training schools of that province. The nurses, though not a large body, have been progressive, and the profession, gradually becoming well organized, will keep pace with the advance elsewhere.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Miss Kate Madden, Supt. of Nurses, City Hospital, Hamilton; First Vice-President, Mrs. W. S. Tilley, Brantford; Second Vice-President, Miss Kate Mathieson, Supt. Riverdale Hospital, Toronto; Recording Secretary, Miss E. McP. Dickson, Supt. of Nurses, Toronto Free Hospital for Consumptives, Weston; Corresponding Secretary, Miss Isabel Laidlaw, 137 Catherine St. N., Hamilton; Treasurer, Miss E. J. Jamieson, 23 Woodlawn Ave E., Toronto.

Directors: Jessie Cooper, Ina F. Pringle, J. G. McNeill, J. O'Connor, E. H. Dyke, L. M. Teeter, M. J. Allan, M. L. Anderson, S. B. Jackson, Isabel R. Sloane, and G. Burke, Toronto; Mrs. Reynolds, Miss Simons, Hamilton; Bertha Mowry, Peterboro; C. Milton, Kingston.

The regular monthly meeting of the executive of the Graduate Nurses' Association of Ontario was held on Wednesday, November 24th, at the club house, 295 Sherbourne Street, Toronto.

Sixteen Hospital Alumnae Associations made application for membership to the association, fifteen of which were accepted.

After considerable discussion, it was decided that two years should be given to the various schools to meet the requirements of the accepted curriculum, bringing the limit to date January, 1918.

The matter of private hospitals also came up for discussion and it was unanimously decided that the executive could not depart from the clause in the curriculum governing such hospitals.

The Toronto Chapter of the Graduate Nurses' Association of Ontario held its annual meeting at the Toronto Western Hospital on the evening of November 15, 1915. The report of the Red Cross Committee showed that 7,000 yards of gauze per month, with 70 lbs. absorbent cotton and 50 lbs. non-absorbent had been made into dressings. Bandages and knitted supplies had not been neglected.

Mrs. L. A. Hamilton spoke of the work done for expectant and nursing mothers and babies by the United Suffragists. An appeal was made for assistance for this very worthy work.

The appeal for nurses for the French Flag Nursing Corps was emphasized, and several nurses responded.

One of the large works to be done in Canada is in connection with the foreigners. That problem is at the present time a most important one, and it threatens to become one of more than present importance. It is a problem that is not appreciated by the Canadian people, as a whole, and, with a few trifling exceptions, it is not being handled at all. In going in and out among the people in the country districts of Western Canada, it is impossible not to grasp something of the magnitude of the problem, and the indifference in some places, the feeling of helplessness in others on the part of the English-speaking people makes the problem still more complicated. Looking at it through a nurse's eyes, what strikes one first is the small value that is set on life, especially on woman and girl life. Among those in one settlement, the women are married when very young—thirteen very often—and very few live to be thirty—they die exhausted by hard labor, too frequent child-bearing, and, too often, brutality, abuse and poor food.

In one of our districts, when the nurse urged the sending for a doctor for a desperately sick women, the husband said: "No, too much money, I get another wife for five dollars," and I was told that in that part, where there are many Galicians, Ruthenians, Poles and Germans settled, that a widower of over six weeks' standing is unknown. In some districts, if an ox fall ill or unfit to work, the woman is hitched up with the other ox and does the work.

There are hundreds of women who have been in this country for twenty or thirty years and who cannot speak English. Their husbands can.

In some quarters their hovels, for you could not style them houses, are filthy in the extreme; there is overcrowding, no care given to cleaning, and when contagious diseases break out, they spread all over the settlement.

There are two elements that mean much in the solution of the problem. One is proper legislation— *which is enforced*—with reference

to the marrying age of women, to the housing problem and to the observance of quarantine rules, and qualifications for voters—every voter should be obliged to know English. The second is the social service element and is the chief element in solving the problem of the women there. And this is the work of women, they alone can solve it and they are doing very little with it so far. Those foreign women instead of being shunned by the English-speaking ones, should be visited, should be welcomed into the land, and should be helped with sympathy and kindliness. They should be shown that their sisters are being killed some forty years before their time, that their babies should be healthier, and that they should bring up more of them than they do; they should be taught how important cleanliness, good food and proper rest are in conducing to their happiness. They should be welcomed into the Women's Clubs and given part in the proceedings whenever possible. Most of them are wonderfully bright and respond quickly to kindness, they are ambitious to learn and to have things nice, so they would prove very apt pupils.

In all work of that kind the trained nurse should be an important factor, but alone she cannot accomplish what should be accomplished, whereas with the co-operation of the women's societies, she can do a very great deal. Nurses win their way straight into the human heart, be it ever so foreign, and, once there, always there. There is much responsibility resting on the trained nurse to-day. Is she equal to it?

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B.C.

My life is but a weaving between my God and me—
I may but choose the colors, He worketh steadily.
Full oft He chooseth sorrow, and I in foolish pride
Forget He sees the *upper*, and I the *under* side.

Strive to live well, tread in the upright way, and rather count thine actions than thy days.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL

President—Miss Phillips, 750 St. Urbain St.

First Vice-President—Miss Colley. 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

Secretary-Treasurer—Miss Des Brisay. 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

Miss Kent and Miss Hulme, delegates from London to the Congress in San Francisco, were in Montreal for a week on their return journey, and it was a great pleasure to their different International Congress friends to see them again. They were present at the monthly meeting of the Guild of St. Barnabas, and afterwards, in the Tea Room, Miss Kent gave a most interesting account of the Congress meetings.

Miss Sutherland fell on the slippery pavement, and was so unfortunate as to fracture her right arm in three places.

Miss Burnes, Western General, is in hospital, her left eye having become infected while caring for a septic case. We are grieved to hear that it has not been possible to preserve the sight.

A TRIBUTE TO SISTER CAVELL

As a tribute to the memory of Sister Edith Cavell, a memorial service was held on Sunday evening, November 28th, in St. George's Church. The Burial Service was read instead of Evensong, and the hymns were "Through the Night of Doubt and Sorrow," " O God, our Help in Ages Past," O Paradise!" and "Abide with Me," the latter being sung immediately after the sermon, and was followed by the "Dead March in Saul."

The Venerable Archdeacon Paterson Smyth referred in his sermon to the circumstances which led to the execution of Miss Cavell, characterizing it as a cowardly and dastardly act, which has placed an indelible stain on German arms.

Taking as his text the words, "Greater love hath no man than this, that a man lay down his life for his friends," the preacher applied his

text to Miss Cavell. It was not the primary purpose of that service, he said, to stir up patriotic enthusiasm, though that might result, and it was certainly not to arouse bitter feelings against the Germans, though that would be difficult to avoid, but rather to follow her in thought into the great unseen.

The preacher referred to the fact that Miss Cavell was the daughter of an English clergyman. When the time had come for her to make a life decision, she had chosen the nursing profession, the noblest and highest profession a woman could choose. Having completed her training in the London hospitals, Miss Cavell went to Brussels in October, 1907, to open a hospital and nursing school to train Belgian nurses. She was still at Brussels engaged in this work when the war broke out, and when the Germans entered Brussels. Though persuasion was used to make her leave, Miss Cavell and the nurses under her had refused to leave the post of danger.

Later she had assisted French and English prisoners to escape. It was true that this act was contrary to the war code, not only of Germany, but of all other nations. Miss Cavell had known this, and she had known of the penalty of death which she risked, but she took the risk, for there were times, said the preacher, when one might do a thing technically wrong, yet know in his heart that the thing was right. Edith Cavell had been no traitor, no spy, but she did help her friends to escape. Unfortunately some of the men whom she had helped to escape wrote back to thank her, and the letters had fallen into the hands of the German authorities, and Miss Cavell was put under arrest.

The Venerable Archdeacon Paterson Smyth recalled how Miss Cavell had been condemned to death, though protests from Ambassadors of many nations had been made, and before any of those who had interceded for her had been notified, though promises had been made that a lawyer would be admitted to defend her. It was not till three days after the trial that Brand Whitlock was informed that Miss Cavell had been condemned to die.

"For us it is hard to speak of this," the preacher continued. "It was a cruel and dastardly deed. It has added another indelible stain to the German arms. God help that poor German nation wnen she begins to repent! Only a brutal people could have done it, and only an awfully stupid people could have done it. At this day tens of thousands of new troops are crowding to the standard to avenge her."

After recalling that a German spy, the daughter of a German clergyman, had been caught in England, and condemned, not to death, since it was a woman, but to internment, the preacher dealt with the future life of those who died on the battlefield. Death, he said, was but a birth to a fuller life.

"To most people looking out upon the world-tragedy, the most painful and perplexing thought seems to be the appalling waste of human life—Death everywhere.

"Has the Church any word from her Master to the world to 'make death to be other than death?' Listen to it—there is no death. What seems to us, death is only birth into a larger, fuller life, with nobler opportunities, with more developed power. That as the baby's eyes open from the darkness of the womb to sunlight upon this earth so will the eyes that close in the darkness of death open on 'a light that never was on sea or land.' While the nurses of the world mourn Edith Cavell, she has gone through into a larger life, carrying with her all the high qualities won through the years of service here. Think you God will not use these in the land of the hereafter? Nay,

" We doubt not that for one so true
God will have other nobler work to do;
Surely for her high service waits, though earth's last fight is fought:
God did not give that loving soul to end at last in naught;
That steadfast heart was not for this brief life alone,
'Tis as a 'servant' she will stand before the Great White Throne
—For, 'His servants shall serve Him.' "

The church was crowded. A very large number of nurses of the Canadian Nurses' Association attended, and all hospitals were well represented.

HOSPITALS AND NURSES

British Columbia

Canadian Overseas General Hospital No. 5, the institution organized and officered by British Columbian doctors and equipped by British Columbian contributions, is en route to the Mediterranean, according to a private cable received on November 11, 1915, in Vancouver. The advice does not specify whether the hospital has been sent to the Dardanelles war zone or to the Balkans. The staff No. 5 was distributed around different military hospitals in England on arrival, but has now been mobilized again.

Miss Jessie Leitch, Neepawa General Hospital, class '09, and recently of the special staff of St. Mary's Hospital, Rochester, Minn., has been appointed superintendent of the Nicola Valley General Hospital, Merritt, B.C.

Miss Leitch will leave for the front with the next C.A.M.C. contingent, departing overseas.

The B. C. Base Hospital has reached Saloniki, Greece. A message to that effect was received at the General Hospital, in Vancouver, on

November 29th. Dr. A. B. Boucher, of Vancouver, cabled that all had arrived safely.

Saskatchewan

Prince Albert.—I am alone in my department—no medical inspector to whom to refer cases. These are referred directly to the family physician or dentist. Any cases of suspected contagious or infectious diseases are excluded and reported to the Medical Health Officer. My card system is simple, consisting of a record card for each child, notice slips to send home in cases requiring treatment, in cases of suspected contagious disease, or when a consultation is desired. There are also printed instructions to patients regarding the care of the teeth and of the hair.

I have six schools, of twenty-eight class-rooms in all. Two of these schools are small and I only visit them once each week. The others claim one morning and one afternoon each week, unless there is reason for a special visit.

I make a routine inspection of each class-room once each two weeks, unless special inspections are necessary on account of contagious diseases. I also examine the vision, hearing and general condition of each pupil once a year. In this way I have found several cases of improved condition of tonsils following completion of dentistry, also several who had slightly defective vision a year ago, whose vision is perfect now, due to following instructions regarding position and lighting while reading, more regular hours of sleep, etc.

I have found that only 20 per cent. of the children in the primary grades have perfect teeth when they enter school. It is so difficult to make the mothers understand that "baby" teeth are of any importance. This is one of my reasons for forming special classes among the girls who are likely to leave school this summer. Three of these classes, about forty-five girls in all, have a half-hour lesson each week. These girls will surely know why they should care for primary teeth. In these classes we have taken up all sorts of emergency work, such as treatment of cuts, burns, bruises, fractures, nose bleeds, convulsions, croup, etc., etc. They have made and applied mustard plasters and various compresses. We have studied the symptoms of the infectious diseases and what should be done if these appear. We have tried to make everything as practical as possible, and the girls have been very much interested in their work.

I must tell you about one or two of my "special" cases. Last winter I found a girl of twelve who had some nasal trouble which caused a most foul odor. She was also very deaf. The mother said she had catarrh and that she had been treated, with no permanent cure, at two large hospitals in Holland. She was finally persuaded to take

the girl to a specialist, who discovered a button embedded in the nasal passage. This was removed, and she was given a few treatments. In three weeks there was no more odor. At present her hearing is quite normal. This trouble began nine years ago.

One boy of thirteen had a very pronounced limp which I found was due to shortening of the left leg, following a gun-shot wound in the thigh. This limp was causing a curvature of the spine. The boy was very nervous and irritable. We have no Orthopedic Hospital here, and nowhere to get appliances for such cases. A doctor was consulted, who advised a cork extension for his left boot. I sent to a firm in Winnipeg for descriptions of such boots, prices, etc. They chose the one that suited them best, the doctor made necessary measurements and now the boy has his boot fitted with a cork extension sole (two inches) and his back is straight once more. He has just gone to the country for two months, and I am expecting a very different boy after the holidays.

The graduating exercises of the General Hospital, Moose Jaw, took place on December 2, 1915, at 8.30 p.m., in the lecture room of the Nurses' Home. The chairman of the Hospital Board presided, and the medals and diplomas were presented by Mrs. Wellington. Addresses were given by Mayor Pascoe, Rev. R. L. McTavish, and Dr. Radcliffe, who addressed the nurses. At the close of the exercises refreshments were served.

Those graduating were: Misses Winifred Whitcher, Mabel Minshull, Gertrude Brickdale, Elizabeth Smith, May Stainton.

Ontario

The Alumnae Association of Kingston General Hospital held a tea and sale on November 19, 1915, at which a goodly sum was realized. The proceeds are to be used for supplies for No. 5 Canadian Stationary Hospital (Queen's), at Cairo, Egypt.

Nursing Sister F. E. McCallum, graduate of K.G.H., and member of the Kingston Alumnae, who has been on active service for fourteen months, was in Kingston for a couple of weeks recently, having been sent to Canada on transport duty. On November 30th, the Alumnae gave a tea at which Miss McCallum was guest of honor. It was very interesting, indeed, to hear of our sister's experiences, both in France and Lemnos. Miss McCallum is returning to England this week, and we wish her "Bon voyage."

At a meeting of the Alumnae Association, Hospital for Sick Children, Toronto, held at the Nurses' Club, on November 1 1915, it was decided to hold the regular meeting every month on the second Thursday at 8 o'clock at the Nurses' Club, Sherbourne Street.

A special meeting was held at the Nurses' Residence, 221 Elizabeth

St., at which it was decided to send a Xmas box to the H.S.C. nurses with the University Base Hospital at the Front.

The Alumnae also remembered the nurses of the H.S.C. who are stationed at Shorncliffe, by sending a box of apples to each.

Resolution of condolence to family of Miss Helen N. W. Smith:

Whereas it has pleased our Heavenly Father to take to Himself our friend and valued co-worker, Helen N. W. Smith;

Therefore be it resolved that we, the members of the Hamilton Chapter of the Graduate Nurses' Association of Ontario, express our appreciation of Miss Smith's life and work, and extend our deepest sympathy to the bereaved family.

Signed on behalf of the Hamilton Chapter of G.N.A.O.

K. MADDEN, Chairman.

Peterboro.—Miss Deyell (president), Miss Simons (secretary), of the Peterboro Chapter of G.N.A.O., attended the meeting of Graduate Nurses' Asociation of Ontario before the Medical Commission in the Private Bills Committee Room, Parliament Buildings, Toronto, on November 2, 1915.

The following nurses have taken the post graduate course in school nursing in Toronto: Miss Price of Toronto, Miss Nye of Fenelon Falls, Miss Campbell of Woodstock, and Miss Clarke of Toronto.

Dr. McKay, Chief Medical Inspector, has been away for three weeks visiting various American cities, looking into the medical inspection of their schools.

Miss E. Jamieson, Miss M. McKay and Miss E. Macallum have been appointed field assistants to Miss Paul.

The school nurses entertained their many friends at a Hallowe'en party on October 29. The rainy weather did not seem to spoil the spirit of the party. Those who came asked to be invited "again soon."

The proceeds will be used to help augment a fund established on a per-cent-of-salary basis, to assist in caring for specially urgent cases of need as found by the school nurses.

Particular attention will be paid to mothers needing prenatal care and to nursing mothers.

The Toronto Western Hospital Alumnae Association held two very successful social evenings at the homes of Mrs. McCarty and Mrs. Brown, the second week of October, when each hostess was presented with sterling silver flatware on the occasion of her marriage. Mrs. McCarty (Miss Kelly) is a member of class '05 and Mrs. Brown (Miss Baker) of class '08.

Miss Beatrice L. Ellis, graduate of Toronto General Hospital, has been appointed Superintendent of Nurses at Toronto Western Hospital, and Miss McQueen, graduate of Bellevue Hospital, New York, Assistant Superintendent.

Miss Hanley, who has been Assistant Superintendent for the last five years, has gone to France under the French Flag Nursing Corps. It is with deep regret that we part with Miss Hanley, but we feel that our loss will be another's gain. Upon leaving the hospital Miss Hanley was presented with a gold wrist watch by the governors, a walrus seal handbag by the pupil nurses, and a steamer rug by a few of the graduates who had been associated with her in their training days.

The Nurses' Alumnae Association of Ottawa General Hospital held their regular monthly meeting in the study hall of the hospital on Friday, December 3. A review of the year's work, with a report from the treasurer, and a "viva voce" election of officers for the ensuing year constituted the program for the last regular meeting of the year.

An invitation to afternoon tea at the home of Mrs. R. Law, class '02, 190 Laurier Ave. E., included one to contribute to the shower of Christmas gifts to be forwarded by Mrs. Law to the graduates of Ottawa General Hospital at the Front. That the nurses were pleased to be given this opportunity to remember their nursing sisters goes without saying, and they are grateful to Mrs. Law, whose kindness will not be forgotten.

Miss Riordan went early in the spring, and the Misses Florence Leamy, I. McIlroy, M. Brankin, A. Turcotte, C. Donnelly, and M. Galbraith went the last week in April. Miss Groves, Miss McDermott and Miss Whelan went during the summer, and Miss Blair with the nurses sent by Laval University.

Miss Gagni, Miss Gleason, Miss O'Neil and Miss Grison are taking a course at the Military Hospital in Quebec City.

The members of St. Luke's Hospital Alumnae have been busy preparing Christmas stockings, full of all sorts of good things, for their nurses on active service.

The nurses also meet once a week to make surgical dressings for the Red Cross Society.

There are thirty-four nursing sisters at the Front who are members of the Ottawa Graduate Nurses' Association, and each one of these will be remembered by the association with a small gift at Christmas time.

The nurses met in the Lady Stanley Institute, in December, when they were addressed by Major Stethem, who was made doubly welcome owing to the fact that his sister, Mrs. Beilby, of Daly Avenue, (Violet Stethem) is a graduate nurse from Lady Stanley Institute.

A large collection of magazines and books has been made by the association, and these will be handed over to Mrs. R. Lorne Gardner to be sent to one of the Canadian hospitals at the Front.

Every Thursday evening the nurses meet at the Red Cross headquarters to make dressings for that society.

Miss Patterson, late Superintendent of R. M. and G. Hospital, Port Arthur, arrived in London on October 5, 1915, and was detailed for duty to Canadian Red Cross Hospital, Cliveden, on October 6th. Among others arriving on same day were: Mrs. Doneran, of Ottawa; Miss McDonald, Halifax; Miss Kirke, Victoria; Miss Aitken, Hamilton; Miss Williams, Vancouver, and one or two others.

Five nurses of Toronto unit were at Cliveden for three months before their unit left for the East. They were: Misses Augustine, Gray and Campbell, of Toronto General, and Misses Christie and Turner, of St. Michael's.

Miss A. Bradley, of Fort William, is at Moore Barracks Hospital, Shorncliffe, since coming over last May.

Miss Helen Malcolm, a graduate of the Montreal General Hospital, has been appointed Night Supervisor at the Wellesley Hospital, Toronto.

The fifth annual meeting of the Berlin and Waterloo Graduate Nurses' Association was held at the hospital. The election of officers resulted as follows: President, Mrs. Bilger (by acclamation); 1st Vice-President, Miss Eleanora Smith; 2nd Vice-President, Miss Margaret Elliott; Treasurer, Mrs. Knell; Secretary, Miss Master.

The program scheduled for the regular monthly meetings may be of interest: December, "Bacteria"; January, "Serum-Therapy"; February, social evening; March, "Study of Florence Nightingale's Life, (a) Early Life and Training, (b) At the Crimea, (c) Closing days"; April, "Balanced Rations"; May, "The Relation of Dietetics to the Patient"; September, literary evening, "Books for Sick People"; October, Five Minute Talks on New Treatments; November, Annual Meeting and Election of Officers.

We regret the illness of Nursing Sister Helen Potter, one of our B. W. nurses. She was transferred to the Dardanelles last August, to the base hospital at Lemnos. Owing to bad sanitary conditions she was stricken with illness and, along with others of the nursing staff, was invalided back to England, where she is making a favorable recovery and hopes soon to report for active duty.

"Many a hearth upon our dark globe sighs after many a vanished face." Another of the B. W. nurses has answered to The Roll Call. Mrs. Weber, more familiarly known as Miss Ball, class '09, passed away at her home in the Far West, a victim of the Great White Plague.

We send our Christmas greetings to the nurses in the lines that may be familiar and yet none the less beautiful:

"Good morrow is glad Christmas Day,
To you our happy greeting;
All Yuletide blessings with you stay,
E'en though the year be fleeting.
May you know health and happy days,

Throughout the year that's dawning,
And walk in pleasant ways
Until next Christmas morning.

"A bright New Year and a sunny track
Along an upward way,
And a song of praise on looking back,
When the year has passed away,
And golden sheaves, nor small, nor few!
This is our New Year's wish for you."

Word was received at Forest, on December 2nd, that Miss Hilda Page, a former Forest nurse, serving with the British Red Cross, was taken prisoner by the Austrians near Belgrade. Miss Page was dispensing druggist at an Allied hospital there when the place was seized and the entire staff captured.

Miss Nora Kirby, graduate of the Hospital for Sick Children, Toronto, class '06, sailed on July 20, 1915, with the Red Cross Unit for overseas duty.

The cornerstone of Mount Hamilton Hospital, as the new Hamilton city hospital has been named, was laid by Sir John S. Hendrie, Lieutenant-Governor of Ontario, on September 24th, in the presence of a large and representative gathering of citizens.

The Victoria Hospital Alumnae Association, London, resumed its 1915-16 meetings on Tuesday evening, October 5th. It was decided to meet every Tuesday evening for Red Cross work, as being the best and most practical work to do during the war. In addition there will be once a month the regular lectures to the graduates. The list of lectures and the names of the lecturers will be announced by the program committee.

Miss H. Alma Shearer, of Peterboro, graduate of Kingston General Hospital, class '13, left Toronto on the evening of October 5, 1915, to take up work in the Canadian Presbyterian Mission Hospital in Kong Moon, South China.

Mrs. Bellemore, of Detroit, has been ill in St. Michael's Hospital, where she had an operation. Mrs. Bellemore (Juel Sullivan) is a graduate of St. Michael's Hospital, Toronto.

Miss C. C. Fraser, graduate of St. Michael's Hospital, Toronto, sailed from Quebec on August 27th with the British Columbia Base Hospital Unit.

Mr. W. B. Clarke (Laura Gordon-Miller), of White Horse, Yukon, and her small son have been visiting Dr. Clarke's mother, in Schomberg. Mrs. Clarke is a graduate of St. Michael's Hospital, and held a hospital position in White Horse before her marriage.

Miss Margaret O'Connor, a graduate of St. Michael's Hospital,

has the sincere sympathy of her many friends. Miss O'Connor's mother died in February, and in June she was notified of the death of her brother, Sergeant O'Connor, in France. He was killed on June 17th, while in charge of captured German trenches at Givenchy.

Miss Pearl L. Morrison, class '13 of Welland County Hospital and post-graduate of Michael Reese, Chicago, who has been spending a month's vacation in Ontario, visiting Welland, Niagara Falls, Grand Valley, and Muskoka, has returned to her position of Night Superintendent of Frederick City Hospital, Frederick, Md.

The first meeting since the summer holidays of the Toronto Western Hospital Alumnae Association was held on Friday, October 1st, at 24 Rosebery Ave. The attendance was good. There was considerable business to attend to, after which the social hour was very much enjoyed. The association was glad to welcome back Miss Ovens, one of its first members. For the past five years Miss Ovens has been with a patient in Louisville, Kentucky, but has returned to Toronto, and will presently resume private nursing.

The Collingwood nurses are meeting every Saturday afternoon to make surgical supplies to be forwarded to the Front through the Red Cross.

Miss Ella Drysdale, graduate of the Toronto Western Hospital, in active service with the C.A.M.C., has been transferred from the hospital at La Toque, France, to a hospital at the Dardanelles. Miss P. Tuckett, another graduate of the Western Hospital with the Red Cross, has been sent to a hospital in Egypt.

A very pleasant afternoon was spent at the home of Miss Knox, where the nurses met with their Red Cross knitting.

Miss Baker, graduate of the General and Marine Hospital, Collingwood, has again returned to the mission field in Saskatchewan, after being home for the last year on account of ill health.

Quebec

The monthly meeting of the Montreal General Hospital Alumnae Association was held on the evening of November 12, 1915, in the S.O.R. of the hospital. There was a very large attendance, an invitation having been extended to the senior pupil nurses. After the business was over, Dr. W. Smyth gave an interesting talk on "First Aid Work," and demonstrated with his squad of stretcher-bearers from the Westmount Rifles. Some splendid ideas were given, such as using rifle for splint, etc.

At present fifty-one nurses of our association are serving at the Front, so we are sending each one a Xmas parcel containing a book and other useful articles.

Miss Kathleen Knight, class '12, who has been spending several

months at institutional work in a hospital in Louisiana, has returned to the city to do private nursing again.

A miscellaneous shower was given Miss Jean Wilson, class '09, by Miss Winnifred Brown, prior to her going to British Columbia, where she was married.

Miss McTaggart and Miss Lillian Gordon have lately undergone operations at the General Hospital and are now on the way to convalescence.

Miss Vivian Tremaine, class '07, who had the honor of accompanying the King back to England after he fell from his horse in France, has been nursing him at Buckingham Palace. The nurse assisting Miss Tremaine was an English nurse, Miss Edith Ward, who had also nursed King Edward.

Miss Tremaine greatly appreciates the honor that has befallen her and speaks in glowing terms of the kindly way she is treated in His Majesty's household. She states that the King was bady bruised, but not seriously injured.

Something of interest to the nursing profession of Canada—King George said: "He wished the world to know that a Canadian nurse had nursed him."

The following nurses from the Montreal Women's Hospital have volunteered to help at the "Khaki League." Also to give two weeks of their time free and to be ready whenever called upon: Mrs. Horncastle, Miss Seguin, Miss Martin, Miss Rose. Miss Seguin and Miss Rose have already attended and been "on duty."

The bazaar held by the Montreal Woman's Hospital was a great success, especially so considering the stress of times. The amount realized was $435.00. For this we are grateful to the many ladies who assisted the graduate nurses and hospital staff.

Miss Rose, Montreal Woman's Hospital, is in Quebec Military Hospital, taking a course there preparatory to going overseas.

New Brunswick

The nurses of St. John organized a Red Cross club, and have been steadily at work since November, 1914, making supplies for the Red Cross.

From March, 1915, one night a week has been devoted to concerted work. They have donated all the material used by means of monthly subscriptions from the working members.

Three hundred and sixty-six pairs of socks have been knitted; twenty-five pairs of pyjamas cut out and made; four dozen hot-water bottle covers; and four dozen face cloths were made. In addition to this, numerous articles have been donated by the nurses and their friends..

At present a lottery is being conducted, the prize being a handsome White touring car, generously donated by one of the leading physicians of the city. Already over one thousand dollars has been obtained, and the nurses hope to have in the vicinity of two thousand dollars on the sale of tickets. The money secured from this effort is to be given to the British Red Cross.

Last year an entertainment was held in the Opera House, under the auspices of the New Brunswick Graduate Nurses' Association. Over four hundred dollars was netted, of which two hundred dollars was donated to the local Red Cross and two hundred dollars to No. 1 Canadian General Hospital, C.E.F., Lieut.-Col. Murray MacLean, officer commanding.

Newfoundland.

The Newfoundland Nurses' Association meetings have started again, after three months' adjournment for summer holidays. Hitherto meetings have been held at the General Hospital, but we have now a more central location, viz., the reading room of the Current Events' Club. The following officers have been elected for the ensuing year: President, Miss Southcott, Superintendent of Nurses, General Hospital; Vice-President, Miss Campbell, Superintendent of Tuberculosis Nurses, St. John's; Secretary-Treasurer, Mrs. Hiscock, 143 Gower Street, St. John's, Nfld.

Our membership increased somewhat during the past year and the meetings have been fairly well attended. Following the meetings tea is served and a social hour is spent.

Last year, in connection with our teas, we had a "Poor Fund," members contributing small sums on each occasion. In this way quite a substantial amount was realized for the sick poor of our city. It has been decided this year to utilize the tea money to defray expenses, such as room rent, etc.

Miss Morry, a graduate of the General Hospital, St. John's, has left for Quebec with four members of the St. John's Ambulance Brigade, for work in connection with the war. They go from Quebec by the S.S. "Sicilian" to England.

THE NURSES' LIBRARY.

A Nurse's Handbook of Obstetrics. By Joseph Brown Cooke, M.D., Fellow of the New York Obstetrical Society, etc.

Seventh edition, revised and reset by Carolyn E. Gray, R.N., Superintendent of City Hospital School of Nursing, Blackwell's Island, New York City, and Mary Alberta Baker, R.N., late Superintendent of St. Luke's Hospital, Jackonsville, Fla.

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The Scientific Press, Limited, 28 and 29 Southampton Street, Strand, London, W.C., England.

The answers to the 600 questions in this hand-book are based on the official text-book of the Royal Army Medical Corps, and will be helpful to all studying first-aid. Price 1s. 6d., by post 1s.8d.

Outlines of Internal Medicine. For the Use of Nurses. By Clifford Bailey Farr, A.M., M.D., instructor in medicine, University of Pennsylvania; assistant visiting physician, Philadelphia General Hospital; pathologist to the Presbyterian Hospital. 12mo., 408 pages, illustrated with 71 engravings and 5 plates. Cloth, $2.00 net; Lea & Febiger, publishers, Philadelphia and New York, 1915.

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Nursing in Diseases of the Eye, Ear, Nose, and Throat. By the Committee on Nurses of the Manhattan Eye, Ear, and Throat Hospital, New York City. Second edition, thoroughly revised. 12mo. volume of 291 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, $1.50 net.

Canadian agents, The J. F. Hartz Co., Ltd., Toronto.

This text-book needs no further recommendation after the authors are noted. The subjects added in this revised edition are: The Preparation of Surgical Dressings, Mental Disturbances after Operations on the Eye, and Functional Tests of the Static Labyrinth.

The Fifteenth Annual Report of the Canadian Association for the Prevention of Tuberculosis, 1915

The campaign against tuberculosis has been carried on with vigor notwithstanding the demands made upon time and money by conditions caused by the war.

The work done and progress made, as evidenced by the reports of some 105 associations, 32 sanatoria and 32 dispensaries, are most encouraging.

The educational work done by these different agencies is most important, and has helped materially in bringing about the lowered death-rate. All workers in this field, and indeed in any department of public health or social welfare, will be interested in the report.

The Maple Leaf. The magazine of the Canadian Expeditionary Force Pay and Record Office, published and sold for the benefit of Canadian Prisoners of War and Field Forces Cigarette and Tobacco Fund. Editor, Charles Crean, Staff Sergt., Hon. Sec., Canadian Pay and Record Office, 7, Millbank, Westminster House, London S. W., England. Price one shilling.

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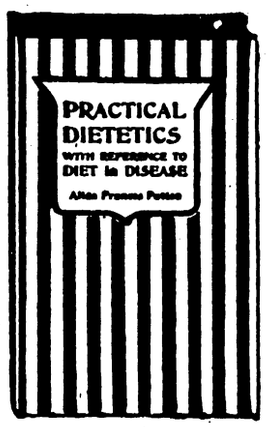

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In all cases of fever, where the patient suffers so greatly from the parched condition of the mouth the nurse will find nothing that affords so much relief as a mouth-wash made by adding a teaspoonful of Listerine to a glass of water, which may be used *ad libitum*.

Its exceedingly agreeable properties, and the readiness with which it deodorizes offensive, lochial discharges, has caused the extensive employment of Listerine in the lying-in room as a general cleansing, prophylactic or antiseptic wash. For vaginal douches, one or two ounces of Listerine in a quart of warm water is generally sufficient. In simple leucorrhea, the same injection; in more severe cases, one part of Listerine to ten parts of hot water.

The essential properties possessed by Listerine are analogous in their effect to the ozoniferous ethers so highly recommended by Sir Benjamin Ward Richardson, and others, as deodorizers for the sick-room, and Listerine is used in the same way—sprinkled over handkerchiefs, garments, and bed linen, or diffused throughout the atmosphere by means of the spray apparatus. Listerine is admirable to introduce in the sponging and bathing that may be directed in fever cases.

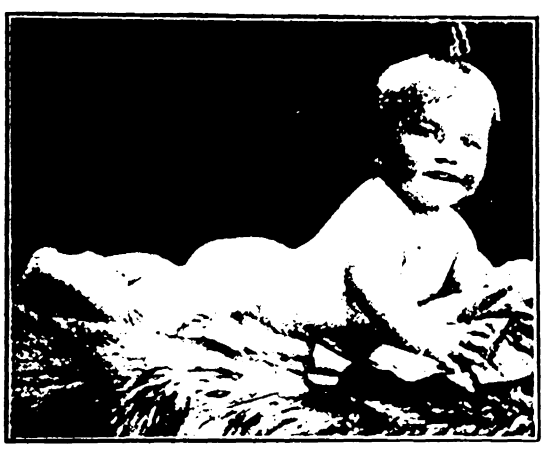
Nurses will find much of interest in the 128-page pamphlet "The Inhibitory Action of Listerine," which may be had upon application.

LAMBERT PHARMACAL COMPANY

Church and Gerrard Sts. TORONTO, ONTARIO

If Baby is Under-nourished Give Him

Robinson's "Patent" Barley



Is your baby peevish and irritable? Is it underweight and not gaining strength or weight? Is it restless at night, constantly crying and unable to retain food? Any of these symptoms would indicate that baby is not getting the right food. There is nothing better to nourish and strengthen your children than Robinson's "Patent" Barley. It is easily digested and readily assimilated. Read what Mrs. Moore of Yew Tree Farm, Pleasenhall, Suffolk, England, says about her boy (whose picture is here shown), "He was brought up entirely on cow's milk and Robinson's "Patent" Barley until he was 14 months old."

Nurses will find some interesting facts in our little booklet "Advice to Mothers" which we send free to every nurse upon request.

MAGOR, SON & COMPANY, LIMITED

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